

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

DQ795

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                 |                          |
|----------------------------------|-----------------|--------------------------|
| TOTAL CLAIMS                     | 25              |                          |
| FOR                              | NUMBER FILED    | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 25 minus 20 = * | 5                        |
| INDEPENDENT CLAIMS               | 3 minus 3 = *   | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 370.00 | OR BASIC FEE | 740.00 |
| X\$ 9=    |        | OR X\$18=    | 90     |
| X42=      |        | OR X84=      |        |
| +140=     |        | OR +280=     |        |
| TOTAL     |        | OR TOTAL     | 830    |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------------|---|--------------------------|
|  | Total                                     | Independent | Minus                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |   | <input type="checkbox"/> |

OTHER THAN  
SMALL ENTITY  
OR  
SMALL ENTITY

|                     |                        |                        |                        |
|---------------------|------------------------|------------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR X\$18=              |                        |
| X42=                |                        | OR X84=                |                        |
| +140=               |                        | OR +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------------|---|--------------------------|
|  | Total                                     | Independent | Minus                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |   | <input type="checkbox"/> |

|                     |                        |                        |                        |
|---------------------|------------------------|------------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR X\$18=              |                        |
| X42=                |                        | OR X84=                |                        |
| +140=               |                        | OR +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------------|---|--------------------------|
|  | Total                                     | Independent | Minus                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |   | <input type="checkbox"/> |

|                     |                        |                        |                        |
|---------------------|------------------------|------------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR X\$18=              |                        |
| X42=                |                        | OR X84=                |                        |
| +140=               |                        | OR +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.